

# T. Boone Pickens YMCA Sports Leagues Individual Waiver

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home or Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Gender: M or F

Please circle one of the following:

Fall

Winter

Spring

Summer

Sport: Softball Indoor Volleyball Men's Basketball Women's Basketball Racquetball Squash

League Day: \_\_\_\_\_

Team Name: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

## YMCA OF METROPOLITAN DALLAS BEHAVIOR POLICY:

The YMCA reserves the right to warn, suspend, or dismiss any program participant or member from our programs and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values
- For any reason within the discretion of YMCA management.

## PLEASE READ CAREFULLY RELEASE AND INDEMNITY

I realize that the YMCA Of Metropolitan Dallas is a non-profit organization, instituted for the benefit of the people in our community and I, therefore, hereby agree to hold no party connected with the team or the YMCA responsible for injury to myself during the pursuit of any team activities, including, but not limited to, practices and games. Further, for and in consideration of the privilege of me being able to participate in the YMCA of Metropolitan Dallas Programs, I agree to indemnify and forever hold any party connected with the team or the YMCA harmless from any and all liability of whatever nature and by whomever asserted, as a result of any injury to me arising from and growing out of my participation in the YMCA Of Metropolitan Dallas Program.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**T. Boone Pickens YMCA Fax number 214-953-0632**